

FEDERAL EMERGENCY MANAGEMENT AGENCY APPLICANT'S BENEFITS CALCULATION WORKSHEET		PAGE ____ OF ____	O.M.B. No. 3067-0151 <i>Expires September 30, 2005</i>
APPLICANT			PA ID
DISASTER		DISASTER NO.	
FRINGE BENEFITS (by %)	REGULAR TIME	OVERTIME	
HOLIDAYS			
VACATION LEAVE			
SICK LEAVE			
SOCIAL SECURITY			
MEDICARE			
UNEMPLOYMENT			
WORKER'S COMP.			
RETIREMENT			
HEALTH BENEFITS			
LIFE INS. BENEFITS			
OTHER			
TOTAL in % of annual salary			
COMMENTS:			
I CERTIFY THAT THE INFORMATION ABOVE WAS TRANSCRIBED FROM PAYROLL RECORDS OR OTHER DOCUMENTS WHICH ARE AVAILABLE			
CERTIFIED BY:	TITLE	DATE	

